



SPECIAL NEEDS ASSESMENT FORM

De La Salle Medical and Health Sciences Institute aims to provide educational opportunities for diversely-gifted learners including applicants with special education needs. The acceptance or non-acceptance of applicants with special education needs are based on the merits of their application and the ability of the Institute to provide service for their conditions.

Do you have physical disability (e.g. amputation, cardiovascular disorder, cerebral palsy, diabetes, epilepsy, respiratory disorders, visual/hearing impairment, diagnosed congenital defect, etc.), special learning needs (e.g ADHD, ASD, dyslexia, etc.), or emotional condition that may affect your schooling at DLSMHSI?

If Yes, diagnosed by : _____

No.

VERIFICATION / AUTHORIZATION

This is to certify the veracity and completeness of all information written on this form.

I understand that any falsification, misrepresentation or withholding of information employed by me or on behalf in relation to this application shall be a ground for non-admission or exclusion from De La Salle Medical and Health Sciences Institute.

This also authorizes any school I have previously attended to release any information/records requested by De La Salle Medical and Health Sciences Institute in relation to this application. The Insitute may use information in the processing of this application.

Printed Name & Signature of Applicant

Date

Printed Name & Signature of Parent(s) / Guardian(s)

Date